

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 04/03/2023
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NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/03/23</p> <p>Facility Number: 000059 Provider Number: 155697 AIM Number: 100266560</p> <p>At this Emergency Preparedness survey, Clark Rehab and Skilled Nursing Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 83 certified beds. At the time of the survey, the census was 71.</p> <p>Quality Review completed on 04/11/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/03/23</p> <p>Facility Number: 000059 Provider Number: 155697 AIM Number: 100266560</p> <p>At this Life Safety Code survey, Clark Rehab and</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Holly Bricker	Executive Director	04/28/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0363 SS=E Bldg. 01	<p>Skilled Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 83 and had a census of 71 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/11/23</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain</p>			

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	<p>flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 45 resident room corridor doors would close completely and latch into their door frames. This deficient practice could affect at least 15 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/03/23 between 1:00 p.m. and 3:00 p.m. during a tour of the facility with the Maintenance Director and Senior Maintenance Supervisor, the corridor door to room 70 did not close completely and latch when tested several times. The door was becoming</p>	K 0363	<p>K-363</p> <p>Based on observation, record review, and interview, the facility failed to ensure 1 of 45 resident room corridor doors would close completely and latch into their door frames potentially affecting at least 15 residents, staff and visitors.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</p>	04/10/2023

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	<p>wedged to the top of the door frame which would not allow the door to close fully, leaving a two inch gap between the door and the frame along the latching side. Based on interview at the time of observation, the Maintenance Director acknowledged the corridor door to room 70 failed to close completely and latch into its door frame when tested.</p> <p>This finding was reviewed with the Maintenance Director and Senior Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>		<p>practice?</p> <ul style="list-style-type: none"> · No residents, visitors or staff were harmed or had a negative outcome related to the alleged deficient practice. The door for room 70 was adjusted to fully close completely and latch into the door frame. <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> · All residents, visitors and staff could have the potential to be affected by the alleged deficient practice. · Audit completed on all facility corridor doors to ensure all close completely and latch into door frames. · Maintenance staff educated on corridor door requirements for fire safety per regulation. <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <ul style="list-style-type: none"> · Maintenance staff educated on corridor door requirements for fire safety per regulation. · Maintenance Director or designee will complete the life 	

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K 0372 SS=E Bldg. 01	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING		<p>safety compliance audit of corridor door closure requirements weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place?</p> <p>· Maintenance Director or designee will complete Quality Control Environment Checklist for Maintenance which includes corridor door closure/latches weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance. The results of the audits will be reviewed monthly by the QAPI committee overseen by Executive Director.</p> <p>By what date the systemic changes for each deficiency will be completed April 10, 2023 Attachments A, B, C, D, E</p>	

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	<p>Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 smoke barrier walls were protected to maintain the smoke resistance of the smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect over 20 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/03/23 between 1:00 p.m. and 3:00 p.m. during a tour of the facility with the Maintenance Director and Senior Maintenance Supervisor, the following was noted:</p> <p>a. The smoke barrier wall above the smoke barrier doors between the MF Hall and center Nurses' Station area had a two and a half inch gap around a conduit wrapped with a foam sleeve that was not properly fire stopped.</p> <p>b. The smoke barrier wall above the smoke barrier doors between the 20 Hall and center Nurses' Station had a two foot by three foot opening cut out of the wall.</p> <p>Based on interview at the time of each observation, the Maintenance Director said the openings through the smoke barrier walls would be fixed as soon as possible.</p>	K 0372	<p>K-372</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 smoke barrier walls were protected to maintain the smoke resistance of the smoke barrier which could affect over 20 residents, as well as staff and visitors.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>· No residents, visitors or staff were harmed or had a negative outcome related to the alleged deficient practice. The 2 barrier walls were repaired to the specifications required to ensure protection and maintain the smoke resistance of the smoke barrier wall.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what</p>	04/10/2023
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	<p>This finding was reviewed with the Maintenance Director and Senior Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>		<p>corrective action(s) will be taken?</p> <ul style="list-style-type: none"> · All residents, visitors and staff could have the potential to be affected by the alleged deficient practice. · Life safety compliance audit on smoke barrier penetrations. All smoke barrier areas identified, inspected and all met the compliance requirements of regulation. · Maintenance staff educated on life safety regulation related to appropriate sealing of smoke barrier penetration. <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <ul style="list-style-type: none"> · Maintenance staff educated on life safety regulation related to appropriate sealing of smoke barrier penetration. · Maintenance Director or designee will complete the life safety compliance audit of smoke barrier penetrations weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality</p>	

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K 0511 SS=E Bldg. 01	<p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of over 20 wet locations, were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p>	K 0511	<p>assurance program will be put into place? - Maintenance Director or designee will complete the life safety compliance audit of smoke barrier penetrations weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance. The results of the audits will be reviewed monthly by the QAPI committee overseen by the Executive Director.</p> <p>By what date the systemic changes for each deficiency will be completed April 10, 2023 Attachments F, G, H</p> <p>K - 511 – Utilities – Gas and Electric Based on observations and interview, the facility failed to ensure 1 of over 20 wet locations, were provided with ground fault circuit interrupter (GFCI) protection against electric shock. What corrective action(s) will be accomplished for those residents found to have been</p>	04/10/2023

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	<p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p>		<p>affected by the deficient practice?</p> <ul style="list-style-type: none"> · No residents, staff or visitors were affected by the alleged deficient practice. <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> · All residents, staff and visitors could have the potential to be affected by the alleged deficient practice. · A cover plate was installed over the electrical receptacle. · Life safety audit tool for utilities, gas and electric regarding GFCI receptacles completed with no new issues identified. · Maintenance director educated on GFCI requirements per regulations. <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <ul style="list-style-type: none"> · Maintenance director educated on GFCI requirements per regulations. · Maintenance director or designee will complete the life 	

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K 0923 SS=E Bldg. 01	<p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on observations on 04/03/23 between 1:00 p.m. and 3:00 p.m. during a tour of the facility with the Maintenance Director and Senior Maintenance Supervisor, the electric receptacle within four feet of the two compartment sink in the kitchen was provided with a GFCI receptacle, however, when tested with a GFCI testing device it indicated the receptacle had an Open Ground and did not break the electrical circuit. Based on interview at the time of observation, the Maintenance Director agreed the receptacle in the kitchen was not properly GFCI protected.</p> <p>This finding was reviewed with the Maintenance Director and Senior Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storag</p>		<p>safety compliance audit of GFCI electrical receptacles weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place?</p> <p>The Maintenance Director or designee will be responsible for the completion of the life safety compliance audit of GFCI receptacles. The audits will be completed weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance. The results of the audits will be reviewed monthly by the QAPI committee overseen by the Executive Director. Any areas noted to be non-compliant with the audits will be corrected.</p> <p>By what date the systemic changes for each deficiency will be completed April 10, 2023 Attachments I, J, K</p>	

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	<p>Gas Equipment - Cylinder and Container Storage</p> <p>Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA</p>			

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99)	<p>Based on observation and interview, the facility failed to ensure cylinders of nonflammable gases such as oxygen were properly secured from falling in 1 of 5 smoke compartments. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.3 states storage for nonflammable gases with a total volume equal to or less than greater than 8.5 cubic meters (300 cubic feet) shall comply with 11.3.3.1 and 11.3.3.2. NFPA 99, Section 11.3.3.2 states precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect over 20 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/03/23 between 1:00 p.m. and 3:00 p.m. during a tour of the facility with the Maintenance Director and Senior Maintenance Supervisor, there were two E size oxygen cylinders on the floor in the oxygen transfilling/storage room freestanding and were not supported in a proper cylinder stand or otherwise secured from falling. Based on interview at the time of the observation, the Maintenance Director acknowledged the two E size oxygen cylinders freestanding on the floor and not supported in a cylinder stand or otherwise secured from falling.</p> <p>This finding was reviewed with the Maintenance Director and Senior Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>	K 0923	<p>K – 923 Gas Equipment-Cylinder and Container Storage</p> <p>Based on observation and interview, the facility failed to ensure cylinders of nonflammable gases such as oxygen were properly secured from falling in 1 of 5 smoke compartments.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · No residents, staff or visitors were affected by the alleged deficient practice. <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> · All residents, staff and visitors could have the potential to be affected by the alleged deficient practice. · A cylinder cage has been installed for all cylinders of nonflammable gases such as oxygen to be properly secured. · Audit of nonflammable gas cylinders such as oxygen storage indicated only 1 location with all secure in newly installed cylinder cage. 	04/10/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/03/2023
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NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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			<p>· Nursing staff and Maintenance Director educated on the proper storage of nonflammable gas cylinders such as oxygen in newly installed cage.</p> <p>What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not occur?</p> <p>· Nursing staff and Maintenance Director educated on the proper storage of nonflammable gas cylinders such as oxygen in newly installed cage.</p> <p>· Maintenance director or designee will complete nonflammable gas cylinder storage audit daily times 4 weeks, weekly times 4 weeks, monthly times 6 months and semiannually thereafter to ensure compliance.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place?</p> <p>· The Maintenance Director or designee will be responsible for the completion of a modified life safety compliance audit of nonflammable gases cylinder storage. The audits will be completed weekly times 4 weeks,</p>	

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			<p>monthly times 6 months and semiannually thereafter to ensure compliance. The results of the audits will be reviewed monthly by the QAPI committee overseen by the Executive Director. Any areas noted to be non-compliant with the audits will be corrected.</p> <p>By what date the systemic changes for each deficiency will be completed April 10, 2023 Attachments L, M, N, O, P</p>	